# Recipient Application

Name _____

Address_____

Phone_____

Email_____

1. Please tell us your story: When were you diagnosed, what is your treatment plan, do you have insurance?

2. How has this illness affected your life?

3. How would receiving a financial gift from BreastStrokes Knoxville influence your life?

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal as a recipient.

Signature_____ Date_____